



Town of Whitestown  
Department of Building and Planning  
6210 S 700 E  
Whitestown, Indiana 46075

Whitestown Building Inspector  
317.942.1553  
inspections@whitestown.in.gov

## 2015 RENTAL HOUSING REGISTRATION FORM

Please fill out this form in its entirety and **mail** or deliver it to our office (Town of Whitestown, Department of Building and Planning, 6210 S 700 E Whitestown, Indiana 46075) with the **\$5.00 registration fee** included.

### RENTAL PROPERTY/ DWELLING UNIT INFORMATION

You may obtain information on your property at the Town's GIS website: [www.whitestowngis.com](http://www.whitestowngis.com)

Rental Property Address \_\_\_\_\_

Zip code \_\_\_\_\_ Sub-Division \_\_\_\_\_

Single Family \_\_\_\_\_ Multi-Family \_\_\_\_\_ Apartment \_\_\_\_\_

### PROPERTY OWNER INFORMATION

Property Owner Name (required) \_\_\_\_\_

Property Owner Mailing Address (required) \_\_\_\_\_

Zip Code \_\_\_\_\_ Property Owner Phone Number (required) \_\_\_\_\_

Property Owner E-Mail Address (optional) \_\_\_\_\_

### PROPERTY OWNER'S REPRESENTATIVE INFORMATION

Representative's Name (if other than above) \_\_\_\_\_

Representative's Address (required) \_\_\_\_\_

Zip Code \_\_\_\_\_ Representative's Phone Number (required) \_\_\_\_\_

Representative's E-Mail Address (optional) \_\_\_\_\_

**TENANT INFORMATION**

Tenant Name \_\_\_\_\_

Tenant contact number \_\_\_\_\_

Start date of lease \_\_\_\_\_ End date of lease \_\_\_\_\_

**\*Only one property per registration form**

**\*Please include the \$5.00 registration fee with the submittal of this form no later than January 15, 2016.** While each rental property must be registered with the Town of Whitestown each January, rental properties are only required to be inspected when there is a tenant change (prior to a new tenant moving in or moving in belongings). A \$125.00 inspection fee must be paid after inspection or re-inspection.

**PROPERTY OWNER AGREEMENT**

I, \_\_\_\_\_ affirm that the above information relating to the dwelling located at \_\_\_\_\_, is true and correct to the best of my knowledge, and that I will submit any change in the information relating to the Property Owner, Property Owner's Representative or Tenant not more than 30 days after the change is made and that I will comply with the requirements set forth in Ordinance 2014-25 within the required time period.

I also certify that there are \_\_\_\_\_ dwelling unit(s) on this property and that I agree to allow the Inspection Officer to inspect these dwelling unit(s) upon inspection.

I understand that failing to comply with the Rental Registration and Inspection Program could result in fines, the unit not being approved for occupancy, and water utilities not approved.

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

